

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

ZURICH AMERICAN INSURANCE : Case No.
COMPANY
a/s/o Todd Shelton : Judge:
1299 Zurich Way : Magistrate:
Schaumburg, IL 60196

Plaintiff, :
v. : **COMPLAINT FOR:**
UNITED STATES OF AMERICA : **1. NEGLIGENCE**

Defendant. :

COMPLAINT

Now comes the Plaintiff, Zurich American Insurance Company, by and through counsel, and for its Complaint states the following:

BACKGROUND

1. This is an action brought pursuant to the Federal Tort Claims ACT (“FTCA”), 28 U.S.C. § 1346, 28 U.S.C. § 1402, 28 U.S.C. § 2401, 28 U.S.C. § 2671 *et seq.*, against the United States of America, the proper party-defendant.
2. Venue is proper in the Northern District of Ohio pursuant to 28 U.S.C. § 1391(b)(2) and 28 U.S.C. § 1391(e)(1) because the United States is a defendant and the events giving rise to this claim occurred in the Northern District of Ohio.

3. Plaintiff Zurich American Insurance Company is an entity organized under the laws of Illinois and authorized to conduct insurance business in the state of Ohio.
4. Plaintiff insured LaserShip, Inc. and claimant-subrogor, Todd Shelton (the “Insured”), under a policy of occupational accident insurance (the “Policy”), which included provisions for coverage in the events of loss or damage, including medical and indemnity (Policy No. OCA-0230611-02), which was in full force and effect on all relevant dates herein. A copy of the policy is not attached due to length, but will be provided upon request or Order of the Court.
5. Pursuant to the Policy it had with the Insured, Plaintiff was required to, did pay, and may be required to pay in excess of \$33,687.68 in indemnity payments to and/or on behalf of the Insured, as a direct and proximate result of the negligence of the United States Postal Service (“USPS”), located at 333 Erie St. S., Massillon, Ohio 44646.
6. Upon information and belief, the USPS is an independent establishment of the executive branch of the Government of the United States under 39 U.S.C. § 201 and is headquartered at 475 L'Enfant Plaza SW, Washington, D.C. 20260.

EXHAUSTION OF ADMINISTRATIVE REMEDIES

7. Plaintiff re-alleges and incorporates the foregoing paragraphs of this Complaint as though restated and fully set forth herein.
8. Plaintiff complied with all provisions of the FTCA in that, on or about September 25, 2020, Plaintiff duly submitted a completed Standard Form 95 administrative claim for damages to the USPS, which date was less than two years from the date that the claims arose, wherein it was indicated the loss amount was “not yet final.” A true and correct copy of the Standard Form 95 administrative claim is attached hereto and marked as Exh. 1.

9. Defendant failed to issue a written denial of the original claim within six months after acknowledging receipt thereof on September 25, 2020. A true and accurate copy of Defendant's acknowledgement letter and tracking information is attached hereto and marked as Exh. 2.
10. Plaintiff submitted an amended claim on May 10, 2021, wherein it was indicated the loss amount was "final." A true and accurate copy of the amended claim is attached hereto and marked as Exh. 3.
11. Defendant failed to issue a written denial of the amended claim within six months of receipt of same.

FACTUAL ALLEGATIONS

12. Plaintiff re-alleges and incorporates the foregoing paragraphs of this Complaint as though restated and fully set forth herein.
13. On or about September 28, 2018, the Insured, in his capacity as a delivery driver for the motor carrier, LaserShip, Inc., was loading mail bags at the USPS property, located at 333 Erie St. S., Massillon, Ohio 44646.
14. At or around the same time, without any prior warning, verbal, written, or otherwise, a loading dock ramp within the exclusive control of the USPS slid from its stationary position and struck the Insured's back.
15. As a direct and proximate result of the loading dock ramp striking the Insured, he sustained bodily injuries, including but not limited to, a partially collapsed lung and spinal cord injuries.
16. As a direct and proximate result of the above-referenced injuries, the Insured was unable to work and filed a claim with Plaintiff for coverage under the policy.

17. Pursuant to the Policy it had with the Insured, Plaintiff was required to, did pay, and may be required to pay in excess of \$33,687.68 in indemnity payments to and/or on behalf of the Insured, as a direct and proximate result of Defendant's negligence.

COUNT ONE:
NEGLIGENCE

18. Plaintiff re-alleges and incorporates the foregoing paragraphs of this Complaint as though restated and fully set forth herein.
19. Defendant, as owner of the USPS property located at 333 Erie St. S., Massillon, Ohio 44646, owed a duty of ordinary care to the Insured, as a business invitee, including a duty not to create a hazard on the premises, a duty to warn of latent or concealed dangers that it had actual or constructive notice thereof, and a duty to maintain the premises in a reasonably safe condition.
20. At all relevant times herein, Defendant breached its duty of ordinary care by maintaining the loading dock ramp in a dilapidated condition, such that it was not secure and could freely slide.
21. At all relevant times herein, Defendant further breached its duty of ordinary care to the Insured by failing to warn the Insured of the dilapidated condition of the loading dock ramp and the concealed dangers associated therewith, such that it was not secure and could freely slide, for which Defendant knew or should have discovered by reasonable inspection.
22. At all relevant times herein, Defendant further breached its duty of ordinary care to the Insured by failing to maintain the premises in a reasonably safe condition, namely by failing to maintain proper securing mechanisms on the loading dock ramp to prevent it from freely sliding.

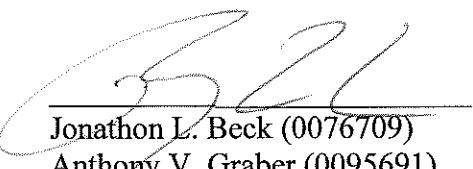
23. As a direct and proximate result of Defendant's breaches, the Insured sustained bodily injuries, including but not limited to, a partially collapsed lung and spinal cord injuries, for which he filed a claim for indemnity benefits with Plaintiff under the Policy.
24. Pursuant to the Policy it had with the Insured, Plaintiff was required to, did pay, and may be required to pay in excess of \$33,687.68 in indemnity payments to and/or on behalf of the Insured, as a direct and proximate result of Defendant's negligence.

COUNT TWO:
SUBROGATION

25. Plaintiff re-alleges and incorporates the foregoing paragraphs of this Complaint as though restated and fully set forth herein.
26. The Insured filed a claim with Plaintiff for coverage related to the injuries he sustained as a direct and proximate result of the incident described herein.
27. Pursuant to the Policy it had with the Insured, Plaintiff was required to, did pay, and may be required to pay in excess of \$33,687.68 in indemnity payments to and/or on behalf of the Insured, as a direct and proximate result of Defendant's negligence.
28. Plaintiff, by reason of its payment of the loss, and a provision in the policy governing payment of loss, became subrogated to the rights of the Insured against Defendant.

WHEREFORE, Plaintiff Zurich American Insurance Company respectfully requests Judgment by this Court, awarding it damages against Defendant the United State of America in the sum of **\$33,687.68** plus court costs and interest per annum at the prevailing statutory rate.

Respectfully submitted,



Jonathon L. Beck (0076709)
Anthony V. Graber (0095691)
YOUNG & ALEXANDER CO., L.P.A.
130 W. Second Street, Ste. 1500
Dayton, Ohio 45402
(937) 224-9291 Ext. 104 (Telephone)
(937) 224-8977 (Facsimile)
Jbeck@yandalaw.com
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Attorneys for Plaintiff



P.O. Box 270670
1111 E. Sumner Street
Hartford, WI 53027
☎ (800) 637-9176
☎ (262) 673-3766
✉ www.mwl-law.com

September 23, 2020

VIA FEDEX

General Law Service Center
USPS National Tort Center
1720 Market Street, Room 2400
St. Louis, MO 63155-9948
Attn.: Ruth A. Przybeck, Chief Counsel

USPS
Attn.: Tort Claims Coordinator
333 Erie Street South
Massillon, OH 44646

Re: Our Insured: Todd Shelton
Our Claim No.: 7370066927
Date of Loss: 09/28/2018
Loss Location: USPS, 333 Erie Street South, Massillon, OH 44646
Loss Amount: \$97,720.64 (*not yet final*)

To Whom It May Concern:

Matthiesen, Wickert & Lehrer, S.C. is national subrogation trial counsel for a number of insurance companies throughout North America, including Zurich American Insurance Company, which has paid a claim as a result of your employee's negligence.

Liability in this matter is clear. On the date referenced above, Todd Shelton was loading mail bags at the dock of the USPS in Massillon, Ohio when a ramp at the dock fell down and struck Mr. Shelton directly in the mid-back and right shoulder blade areas.

As a direct result of the negligence of the subject USPS location's equipment, Todd Shelton suffered bodily injuries including a partially collapsed lung and injuries to his mid-thoracic spine and right scapular area. Pursuant to a policy of insurance issued by Zurich American to Todd Shelton, Zurich American became obligated to pay indemnity and medical bills, and to date has paid \$22,720.64 in indemnity benefits to Todd Shelton on his **open claim** and will be processing medical bills of \$75,000.00, for a total of \$97,720.64.

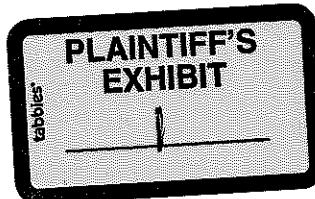
I have enclosed a completed SF-95, along with a signed authorization and an itemization of payments and applicable medical records for your review. Please contact me immediately should you require additional information to complete the review of our demand.

Sincerely,

MATTHIESEN, WICKERT & LEHRER, S.C.

Sarah "Sally" Fry Bruch
sbruch@mwl-law.com

SFB/bjh
Enclosures



CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008
1. Submit to Appropriate Federal Agency: USPS National Tort Center Attn: Ruth A. Przybeck, Chief Counsel 1720 Market Street, Room 2400 St. Louis, MO 63155-9948		2. Name, address of claimant, and claimant's personal representative if any. (See Instructions on reverse). Number, Street, City, State and Zip code. Zurich American Insurance Company a/s/o Todd Shelton c/o Matthiesen, Wiskert & Lehrer 1111 East Sumner Street, PO Box 270670, Hartford WI 53027; Tax ID #39-1686793		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 08/20/1963	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 09/28/2018 Friday	7. TIME (A.M. OR P.M.) Unknown
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Todd Shelton, in his capacity as a delivery driver under motor carrier LaserShip, Inc., was loading mail bags at the Post Office located at 333 Erie St. S, Massillon, OH 44646. While Mr. Shelton was bending forward over the mail bags at the dock of the Post Office, a ramp fell down striking Mr. Shelton directly in the mid-back and right shoulder blade. Mr. Shelton fell forward onto the floor of his van.				
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). N/A				
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). N/A				
10. PERSONAL INJURY/WRONFUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Todd Shelton sustained a partially collapsed lung, and injuries to his mid-thoracic spine and right scapular area.				
11. WITNESSES NAME ADDRESS (Number, Street, City, State, and Zip Code) N/A				
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)				
12a. PROPERTY DAMAGE \$0.00	12b. PERSONAL INJURY \$22,720.64 Indemnity has been paid to date and will be processing medical bills of \$75,000.	12c. WRONGFUL DEATH \$0.00	12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$97,720.64	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.				
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <i>Sarah Fay Bush</i>		13b. PHONE NUMBER OF PERSON SIGNING FORM 262-673-7850	14. DATE OF SIGNATURE 9/23/2020	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				

INSURANCE COVERAGE		
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.		
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input checked="" type="checkbox"/> No		
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. If deductible, state amount. Zurich American Insurance Company provided occupational accident insurance to LaserShip, Inc. which covered Mr. Shelton.		
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts). Todd Shelton filed a claim with Zurich for occupational health and disability benefits. Zurich seeks reimbursement/subrogation of payments made to or on behalf of Todd Shelton for injuries sustained in this accident.		
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input checked="" type="checkbox"/> No		
INSTRUCTIONS		
Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.		
Complete all items - Insert the word NONE where applicable.		
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY		DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.		The amount claimed should be substantiated by competent evidence as follows:
If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.		(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.		(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.		(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
		(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.
PRIVACY ACT NOTICE		
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.		
A. <i>Authority:</i> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.		
B. <i>Principal Purpose:</i> The information requested is to be used in evaluating claims. C. <i>Routine Use:</i> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. D. <i>Effect of Failure to Respond:</i> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."		
PAPERWORK REDUCTION ACT NOTICE		
This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.		



Package
US Airbill

FedEx
Tracking
Number

8102 8327 9953

1 From Please print and press hard.

Date 9/23/2020

Sender's FedEx
Account Number

SHIPPER ID 1490-7937-8

Sender's Name Sarah "Sally" Fry Bruch

Phone (262) 673-7850

Company MATTHIESSEN, WICKERT AND LEHRER

Address 1111 E SUMNER ST

Dept/Room/Suite/Room

City HARTFORD

State

WI

ZIP 53027-1607

2 Your Internal Billing Reference
First 2 characters will appear on invoice.

Shelton, Todd

3 To

Recipient's Name Tort Claims Coordinator

Phone (330) 837-8327

Company USPS

Address 333 Erie Street South

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept/Room/Suite/Room

Hold Weekday
FedEx location address
REQUIRED. (Not available for
FedEx First Overnight)

Hold Saturday
FedEx location address
REQUIRED. (Not available for
FedEx First Overnight, FedEx Priority Overnight and
FedEx 2Day to select locations.)

Address
Use this line for the HOLD location address or for continuation of your shipping address.

City Mars Hill

State

OH

ZIP 44646

0123177526



Deliveries, when and where you want.
Local and ready. Delivery, overnight, on-site, e-commerce.

Form
ID No. **0215**

4 Express Package Service

*To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

FedEx First Overnight
Earliest next business morning delivery to select
locations. Friday shipments will be delivered on
Monday unless Saturday Delivery is selected.

FedEx Priority Overnight
Next business morning. Friday shipments will be
delivered on Monday unless Saturday Delivery
is selected.

FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

FedEx 2Day A.M.
Second business morning.
Saturday Delivery NOT available.

FedEx 2Day
Second business afternoon. Thursday shipments
will be delivered on Monday unless Saturday
Delivery is selected.

FedEx Express Saver
Third business day.
Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options

Fees may apply. See the FedEx Service Guide.

Saturday Delivery

NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without
obtaining a signature for delivery.

Direct Signature
Same as recipient's address
may sign for delivery.

Indirect Signature
No one is available at recipient's
address. Someone at a neighboring
address may sign for delivery. For
residential deliveries only.

Does this shipment contain dangerous goods?

This box must be checked if you are shipping dangerous goods.

No Yes
As per attached
Shipping Declaration
not required Yes
Shipper's Declaration
not required Dry Ice
Dry Ice, 3.0W 165 Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section
1 will be used.

Recipient Third Party Credit Card Cash/Check

Total Packages Total Weight Total Declared Value

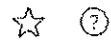
1 lbs. \$ 00

Delivery is limited to US\$100 unless you declare a higher value. See back for details. By using this service you
agree to the service conditions on the back of this shipper and in the current FedEx Service Guide, including terms
of service and liability.

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IMPORTANT!
 FedEx is closely monitoring the Remnants of Sally and Wildfires. [Learn More](#)

810283279953 

Delivered
 Thursday 9/24/2020 at 11:34 am

**DELIVERED**

Signed for by: C.USPS

GET STATUS UPDATES
OBTAIN PROOF OF DELIVERY

FROM
 HARTFORD, WI US

TO
 MASSILLON, OH US

Shipment Facts

TRACKING NUMBER 810283279953	SERVICE FedEx Priority Overnight	WEIGHT 2 lbs / 0.91 kgs
SIGNATURE SERVICES Direct signature required	DELIVERED TO Receptionist/Front Desk	TOTAL PIECES 1
TOTAL SHIPMENT WEIGHT 2 lbs / 0.91 kgs	TERMS Shipper	SHIPPER REFERENCE SHELTON TODD
PACKAGING FedEx Envelope	SPECIAL HANDLING SECTION Deliver Weekday, Direct Signature Required	STANDARD TRANSIT ? 9/24/2020 by 10:30 am
SHIP DATE ? Wed 9/23/2020	ACTUAL DELIVERY Thu 9/24/2020 11:34 am	

Travel History

Local Scan Time



Thursday, 9/24/2020

11:34 am	OH	Delivered
9:52 am	CANTON, OH	On FedEx vehicle for delivery
9:01 am	CANTON, OH	At local FedEx facility

6:45 am	CLEVELAND, OH	At destination sort facility
4:23 am	MEMPHIS, TN	Departed FedEx location
Wednesday, 9/23/2020		
11:38 pm	MEMPHIS, TN	Arrived at FedEx location
8:30 pm	WAUKESHA, WI	Left FedEx origin facility
5:38 pm	WAUKESHA, WI	Picked up

LAW DEPARTMENT
NATIONAL TORT CENTER



November 4, 2020

Sarah Fry Bruch
Matthiesen, Wickert & Lehrer, S.C.
PO Box 270670
Hartford, WI 53027

Re: Your Insured: Zurich ASO Shelton, Todd
Date of Incident: September 28, 2018
Your Claim No.: 7370066927
NTC Claim No.: NT202059551

Dear Ms. Bruch:

Please be advised that the administrative claim filed on behalf of Zurich ASO Shelton, Todd with the United States Postal Service on September 25, 2020 has been assigned to my office for adjudication.

I am currently in the process of reviewing this claim in order to make the determination as to any legal liability on the part of the Postal Service for the damage sustained by your client. This claim will be adjudicated as soon as possible but be aware that the Postal Service has six months from September 25, 2020 in which to adjudicate this claim. Should you have any additional information you wish to submit that would be helpful in the review of this matter, please forward same to my attention at the National Tort Center, United States Postal Service, 1720 Market Street, Room 2400, St. Louis, Missouri 63155-9948.

Sincerely,

A handwritten signature in black ink, appearing to read 'Javier Soto-Arocho'.

Javier Soto-Arocho
Tort Claims Examiner/Adjudicator
Tel: 314/345-5868

cc: Julie A. Hammond
Tort Claim Coordinator
File No. 440-18-00443867A

1720 MARKET STREET, ROOM 2400
ST. LOUIS, MO 63155-9948
TEL: 314/345-5820
FAX: 314/345-5893





MATTHIESSEN, WICKERT & LEHRER, S.C.
ATTORNEYS AT LAW

P.O. Box 270670
1111 E. Sumner Street
Hartford, WI 53027

• (800) 637-9176
• (262) 673-3766
• www.mwl-law.com

May 10, 2021

General Law Service Center
Attn.: Ruth A. Przybeck, Chief Counsel
Javier Soto-Arocho, Tort Claims Examiner/Adjudicator
USPS National Tort Center
1720 Market Street, Room 2400
St. Louis, MO 63155-9948

USPS
Attn.: Tort Claims Coordinator
333 Erie Street South
Massillon, OH 44646

Re: Our Insured:	Zurich ASO Shelton, Todd
Our Claim No.:	7370066927
NTC Claim No.:	NT202059551
Tort File No.:	440-18-00443867A
Date of Loss:	09/28/2018
Loss Location:	USPS, 333 Erie Street South, Massillon, OH 44646
Loss Amount:	\$33,687.68 (FINAL)

To Whom It May Concern:

We understand that you are reviewing this claim and would adjudicate it within six months from its filing date on September 25, 2020, as set forth in your correspondence to us dated November 4, 2020. We provided a completed SF-95, along with a signed authorization and an itemization of payments and applicable medical records for your review.

As you are aware, Zurich American Insurance Company has paid a claim as a result of your employee's negligence. As a direct result of the negligence of the subject USPS location's equipment, Todd Shelton suffered bodily injuries including a partially collapsed lung and injuries to his mid-thoracic spine and right scapular area.

Pursuant to a policy of insurance issued by Zurich American to Todd Shelton, Zurich American became obligated to pay indemnity and/or medical bills, and to date has paid \$33,687.68 in indemnity benefits to Todd Shelton. Please see attached updated itemization of benefits paid.

Please contact me immediately should you require additional information to complete the review of our demand.

Sincerely,

MATTHIESSEN, WICKERT & LEHRER, S.C.

Sarah "Sally" Fry Bruch
sbruch@mwl-law.com

SFB/bkd
Enclosure

